DISCHARGE SUMMARY

Name	Baby Of ADABOINA VAISHNAVI	**UHID**	HNH-00016642
Father/Guardian	Mr ABABOINA CHANDRAMOHAN	**Age/Gender**	0 Y 0 M 0 D 20 H/ Female
Address	HNO 2-3-523/16,MINISTER ROAD,KACHIGUDA, Alexander Road, Hyderabad, Telangana, INDIA, 500003		
IP No	IP26-00006873	**Admission Date**	17-07-2026
Ref Doctor	Dr Rajini Kumari		
Discharge Date	20.07.2026		

Consultant:
Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

DIAGNOSIS	ICD CODE
TERM (37 weeks + 1 day)/AGA/BABY GIRL	
NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of ADABOINA VAISHNAVI is a term (37 weeks + 1 day) baby girl, delivered to a primi mother by emergency LSCS(Cephalopelvic disproportion in labour)on 17.07.2026 at 1:41 pm with birth weight of 2.5 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after

Name	Baby Of ADABOINA VAISHNAVI	UHID	HNH-00016642
IP No	IP26-00006873	Admission Date	17-07-2026

birth. Apgar scores were 7/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. ADABOINA VAISHNAVI is a 33 years old primi mother. G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is O positive. Baby's blood group is O positive.

Examination: Baby was euthermic (36.5 *C), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Anthropometry:
Weight at birth : 2.5 kgs.
Weight at discharge : 2.420 kgs.
Head Circumference : 33 cms.
Length : 42 cms.

Investigations: Enclosed reports.

THYROID FUNCTION TEST :

Name	Baby Of ADABOINA VAISHNAVI	UHID	HNH-00016642
IP No	IP26-00006873	Admission Date	17-07-2026

TRIIODOTHYRONINE (T3)	139.9	73 - 288
THYROXINE (T4)	14.61	5.04 - 18.5
THYROID STIMULATING HORMONE (TSH)	6.01	0.7 - 15.2

Management:
Course during hospital:

Unconjugated Hyperbilirubinemia: Baby was noted to have yellowish discoloration of skin on day 2 of life. Serum bilirubin at 48 hours of life was 14.2 mg/dl with indirect fraction of 14.0 mg/dl. Baby was started on double surface phototherapy and continued on direct breast feeds + measured feeds. Repeat serum bilirubin at day 3 of life was 11.5 mg/dl with indirect fraction of 11.4 mg/dl. This doesn't fall in phototherapy range. Hence phototherapy was stopped.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk and excessive weight loss, measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Name	Baby Of ADABOINA VAISHNAVI	**UHID**	HNH-00016642
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Vaccine Name	Status	Date
BCG	Given	18/07/2026
OPV	Given	18/07/2026
HEPATITIS B	Given	18/07/2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Parents not willing.

SPO2 : 98% at room air
Red Reflex: Present & Symmetrical
Hip Examination was normal.

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

Condition at discharge: Baby is pink, warm, active and on direct breast feeds + measured feeds.

Advice:
Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Name	Baby Of ADABOINA VAISHNAVI	**UHID**	HNH-00016642
IP No	IP26-00006873	**Admission Date**	17-07-2026

Plan:

1. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**

Review consultation with Dr. DILNAAZ FAROOQUI on 21/07/2026, Wednesday at Himayatnagar with prior appointment **(Review consultation will be charged).**

Review back to Hospital: If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Name	Baby Of ADABOINA VAISHNAVI	**UHID**	HNH-00016642
IP No	IP26-00006873	**Admission Date**	17-07-2026

Registrar/Resident/C.M.O

Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

Rainbow Children's Medicare Ltd. Hyderabad Himayathnagar 500029

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 3 D (F)
Dr. DILNAAZ FAROOQUI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	29			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 20/07/26

Jyotsna (P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Docu.No: RCH/FRM/General/115

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SELF INDENT

Patient N HNH-00016642 IP26-00006873 of Birth .....

Baby Of ADABOINA VAISHNAVI

UHID No 17-07-2026 0 Y 0 M 1 D (F) .....Ward.....

Dr. DILNAAZ FAROOQUI

Investig	AB	Quantity
SGPR & TFT	2790	
	3710	
	6500	

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of Admission	Date & Time of Transfer Order
2:36pm	AA/26 @
Ordered by	Reason for Transfer
Mam.	observation
Unit	Information to Attendant Yes ☑ No ☐
pm	
maging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

ables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	BP	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Mounika	DR. Nalini

Patient & Clinical Records Received by : Divya 17/7/26 @ 04:50pm

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006873 **Admit Date** : 17-Jul-2026 **Admit Time** : 02:36 PM **UHID** : HNH-00016642

Patient Details :

Patient Name	: Baby Of ADABOINA VAISHNAVI	**Age**	: 0 D
Guardian	: Mr ABABOINA CHANDRAMOHAN	**DOB**	: 17-07-2026 01:41 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO 2-3-523/16,MINISTER ROAD,KACHIGUDA Alexander Road Hyderabad Telangana INDIA 500003	**Phone No**	: 9030452919
		E-mail	: 9030452919@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-412-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-412-1 **Admission Type** : First Visit

Contact Details :

Name : Mr ABABOINA CHANDRAMOHAN **Relationship** : Father

Contact Address : HNO 2-3-523/16,MINISTER ROAD,KACHIGUDA Alexander Road Hyderabad Telangana INDIA 500003 **Phone No** : 9030452919

Signature

Doctor Details :

Doctor Name : Dr. DILNAAZ FAROOQUI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0Y0M0D1H (F)
Dr. DILNAAZ FAROOQUI

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NEWBORN MONITORING FORM

Date of Birth : 17/7/26
Time of Birth : 1:41 P.m
Mode of Delivery : Em-LSCS
Birth Weight : 2.5 kgs
Head Circumference :
Length :
Red Reflex :

New Born Screening : ✓
TFT (4 SBR → willing) : Not done
OAE : ✗
Mother's Blood Group : b' positive
Baby's Blood Group : o positive
Anomaly Scan :
Vaccination 18/7/26 : BCG OPV Hep B given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
17/7/26	2.5 kgs	DBF	—	36 C	Suj
18/7/26	2.400 kgs	DBF	—	36°C	
19/7/26	2.320 kgs	DBF	—	36°C	
20/7/26	2.420 kgs	DBF	—	36°C	

Date	Time	Investigation	Result	Order No.	Signature
~~A~~A/26	4PM	Blood group		1955	①
				Cross checked	
19/7/26	19/7/26 @ 7Am	DSPT		5170	~~DD~~
19/7/26	SBR			12088	
	TFT				
		Cross checked by Sunanda			
20/7/26	SBR		~~12100~~	12109	~~DD~~
		Cross checked by Jyotish @ 10AM			

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 1 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : ..... Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : ..... Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Vaishnavi

Gender : ☐ M ☐ F Blood Group : O+ve

Date of Birth : 17/7/26. Time of Birth : 1:41 pm

Place of Birth : .....

Mother's Blood Group : O+ve.

Birth Weight (gms) : 2.5kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+1.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 18/10/25 EDD : 25/7/26

Conception : Spontaneous or with Rx. : .....

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : 5 LUF, Cephalic, Bijondal Cala Sac-III, Doppler G2

.....TT Immunization and Iron / Folic Acid : .....✓.....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : .....

.....

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

PPROM : Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

PAST OBSTETRIC HISTORY

..... P: ..... A: ..... L: .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
PP+SP						

PERINATAL HISTORY

Treating Obstetrician : Dr Reyin' Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : CPD in labour.

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying
TOTAL			

1 Minute	5 Minutes	10 Minutes
7/10	9/10	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments :

Asymptomatic

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Term (37+1) / Primi / CPD in labor.

Baby delivud via csec
↓
CIAB
↓
warm, cord care given.
dy, suctn
↓
vit K given
↓
shifte moth side.

Investigation details in previous Hospital :

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Acitymotic

VITALS : Temperature : 36.5 HR : 154 RR : 56 NIBP : CFT : <3sec

Color of the extremities : Acrymotic

Jaundice : Pallor : SpO2 : 97% RA

Anthropometry : Birth Weight : 2.5kg Length : HC : Present Weight :

Ponderal Index : AGA SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :	...lles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	~
Facies : (Any Facial Dysmorphism)		~
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	~
EYES :	Symmetry : Red Reflex : to chek Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	~
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	~
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2A+1V Discharge :	~
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	~
HERNIAL ORIFICES		
TRUNK and SPINE :		~
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	Blc positional club foot

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

Spo2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : .....

Precordial Activity : .....

Femoral Pulses : .....

Murmurs : .....

Other Peripheral Pulses : .....

Signs of Cardiac Failure : .....

Abdomen :

Hernia orifice : .....

Shape : .....

Anal Patency : .....

Palpation : .....

Umbilical Cord : .....

Palpable masses : .....

First urine passed : .....

Abdominal girth : .....

Meconium passed : .....

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : .....

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

Any Congenital Anomalies : .....

.....

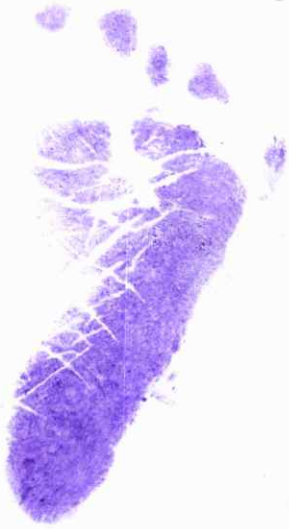
Diagnosis : Term/AGA/F/CIAB/positional club foot.

.....

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : .....

Name : Aneeha.

Date & Time : 17/6/26.

Consultant :

Signature : ..... Dr Dilnaaz Farooqui Consultant Pediatrician Reg. No: 27476

Name : Dr Dilnaaz

Date & Time : 17/7/26

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....

   Address : .....

   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....

   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....

   ..... on whose name the patient is being referred.

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

- Vaccine
- DBF Only if lb burping
- vaccination (BCG, HepB, OPV)
- Sample CUS HOL - BBR, NBS, OAE.
- Uform sos
- Chole & limb spo
- send card B/G/T

Feeding Plan at the time of shifting : .....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00016642 IP26-00006873
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17-07-2026 0Y0M0D1H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26	S/B Dr Dilnaaz	
	Baby accepting breast feeds Passing urine & meconium O/E Euthermic Active Vitals - stable CRT < 3 sec. Tone Cry Activity } N S/E - NAD	
		R 1) warm care 2) DBF every 2 hrly 3) BCG, OPV, HepB } tom morning 4) SBR, NBS, OAE } @ 48 HOL 5) check 4 limb saturation Dilnaaz

Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No: 27476

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 18 H (F)
Dr. SYED NAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7 7:00 Am	Cls/13 Dr. Naipreeja / Dr Archana	
	T/ AGA / CIAB	2.5 kg
		Plan
	Ecteric	
	CITIA - Good.	- DBF 2nd hourly
		thr bupping
	Vitals - stable.	
		- Vaccination today
	RS A PIA CVS NAD	
		- SBR NBS OAE 48 HOL
	T. wt - 2.400 kg	
	wt loss - 4%.	- To Check for red reflex.
		N.B. Divya 18/7/26 @ 8:25 Am

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 18 H (F)
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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26	S/B Dr Dilnaaz	
8:50 am	Baby accepting breast feeds Passing urine & meconium O/E Euthermic Active Vitals – Stable CRT < 3sec Tone Cry Activity	✓
		R 1) Warm cot 2) DBF every 2hrly TF 3) BCG, OPV, HepB } today 4) SBR, TFT } @ 48 HOL Cif willing NBS OAE)
MBG: O+ve BBG: O+ve		
18/7/26 BCG OPV HepB } given		N.B. Yaheshwari 18/7/26 @ 2: Dr. Dilnaaz Farooqui Consultant Pediatrician Reg. No: 27476

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 1 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7 2:30pm	c/s/o Dr. Pranav / Dr. Sushanth	
	Prim / Twin / AGA / F / 2.5 kg / Positioned CTEV	M/B O+
	Baby Euthermic Asleep :- 9:30 pm (last feed @ 9:30 pm) ↓ GRBS - 80 mg/dl	Plan 1) Warm Care 2) DBF / Lactation support 3) SBR TFT / NBS OAE @ 1:45 pm T/m
	Cry Tone Activity } Good	4) Monitor Vitals
		Pranav

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI (F)
17-07-2026 0 Y 0 M 1 D
Dr. DILNAAZ FAROOQUI

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 7 pm	S/B Dr Sindhura [illegible]	
	Baby active	
	icterus ⊕ on face	
	Accepting milk	
		Plan
	B O +ve / M O +ve	– Recheck clinically for icterus in morning & if needed to TCB in morning.
		– Rest as planned.
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	[signature]
		Noted by staff [illegible] @ 8:20 pm

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0Y0M1D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26, 7:45AM	S/B Dr. Sreeja / D Term / AGA / F / LSCS	
		Plan
	Euthermic	
		– Warm care
	T.wt: – 2.320 kg	
	wt loss: – 80 gm	– SBR, NBS, DAT @ 1:45pm today
	Cumulative – 7.2%	
	CVS – S1S2 ⊕	
	RS – B/L AE ⊕	– DBF + Buy 2nd
	P/A – soft	
	CTA for	
	(B.S.)	
19/7 9:40am	C/s by Dr. Tejam	
	Baby euthermic	Rx
	Icteric upto abdomen	~~Continue~~ I
		→ start DSPT
		→ SBR / NBS / TFT in the evening 6pm.
	DBF + formula feed.	
	Dr. S Tejaswi Reddy Consultant Neonatologist and Pediatrician Reg. No: 94068	Dr. Tejam

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Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 1 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/04/26 7:30AM	C/S/E - O. Sukanth / Dr. Vamy	
	Term / AGA / Female / CRIB	
	T Baby Euthermic and ↓ DSPT	
	Cry / Tone / Activity - good	
	Vitals stable	
	Parent counselled / Shifted	
	S/E: NAD	Adv - ~~start~~ DSPT to continue - Trans TSB report - OBS + FP 2nd hourly - LB Gavage - NB warm care Noted by Moutushi 19/4/26

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 1 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 7 AM.	c/s/b Dr. Varma / Dr. Sushanth	
	Term / AGA / female.	
		SBR - 14.2
	↓ DSPT	
	Pink, euthermic.	Plan
		Warm care.
	cry Tone Activity — Good.	- E DBF Q 2H + FF.
		- Ct. DSPT.
	O/E - vitals stable.	
	S/E - WNL.	
	T. W — 2420	
	Y. U — 2320	
	% — 3.2%	
	Δ — 100 gms↓	

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 3 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 10 am	S/B Dr Dilnaaz	
	Baby accepting breast feeds + formula feeds Passing urine & meconium On DSPT. O/E Euthamic Active Vitals – stable Icterus ↓ S/E – NAD	
	Today's wt = 2.42 kgs wt loss = 3.2%. MBG: O+ve BBG: O+ve	R 1) Rpt SBR @ 10 am 2) DBF + FF every 2hrly 3) ~~CBGs~~ Continue ~~DSPT~~ till SBR report. 4) Trace TFT Dr. Dilnaaz Farooqui Consultant Pediatrician Reg. No: 27476 Dilnaaz
20/7 3pm	c/s/B in Pharm	
	SBR – 11.5	Ph 1) D/c Today & F/up on Wednesday 2) Monitored V/S 3) DBF + FF
	Baby Euthermic c/T/A – Good Passing Urine & Stool	Pn

Patient Sticker

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

(315)

Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 17/7/26

Time:	3PM	7PM	10 PM	2AM	6AM
Doctor/Nurse/Family Concern?					
Temperature (°F) (104–94)	~97	~97	~97	98.1°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	~130			~135	~137
Heart Rate (Number)		148b/m	136	138bh	139bh
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	~50	~45		~48	~48
Resp Rate (Number)	55b/mt	48b/m	36	46bh	46bh
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min)					
O_2Saturations (%)	99%	98%	99%	99%	99%
Conscious Level: Normal / Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS	
Score 1	Continue normal observation by staff nurse
Score 2	Shift in charge nurse to be informed and continue hourly observations
Score 3	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE >3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 18 H (F)
Dr. DILNAAZ FAROOQUI

RM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/7/26 Time: 10 2 6pm 10 pm 2 am 6 am

Doctor/Nurse/Family Concern? Dr Dr

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F 98.6°F 98.4°F 98.6°F 97.9°F 97.9°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number) 139bpm 140bpm 138bpm 140bpm 138bpm 140bpm

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 42bpm 40bpm 40bpm 40bpm 36bpm 40bpm

Resp Distress	Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	100%	99%	99%
Conscious Level	Normal / Altered					
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Date	Time	Early Warning Score	Date	Time	Name

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 18 H (F)
Dr. DILNAAZ FAROOQUI
Patient / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/7/26 Time: 10Am 2Pm 6 10 2 6

Doctor/Nurse/Family Concern? Pm Pm Am Am

Temperature (°F)

104	103	102	101	100	99	98	97	96	95	94

96.8°F 97.3°F 98.6°F 98.2°F 97.7°F 98.8°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190	180	170	160	150	140	130	120	110	100	90	80	70	60	50

Heart Rate (Number)	142b/m	140b/m	142b/m	136b/m	140b/m	142b/m

Resp. Rate (bpm) (Over 1 Minute) *

70	60	50	40	30	20	10

Resp Rate (Number)	48b/m	40b/m	48b/m	38b/m	40b/m	40b/m
Resp Distress (Mod/ Severe / None / Mild)						
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	99%	100%	99%	100%
Conscious Level (Normal / Altered)						
GCS *	15/15					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Patient Sticker

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
17/7	02:00 pm											
	03:00 pm		DBF									
	04:00 pm						✓			✓	0	
	05:00 pm		DBF									
	06:00 pm											
	07:00 pm		DBF									
Total Intake : taken						**Total Output :** passed						
18/7	08:00 pm	1	DBF									
	09:00 pm											
	10:00 pm	0	DBF		N/A		✓		N/A	✓	0	ag
	11:00 pm											
	12:00 am	1	DBF				—			—		
	01:00 am											
Total Intake : taken						**Total Output :** U — M —						
18/7/26	02:00 am											
	03:00 am	1	DBF									
	04:00 am						✓		N/A	✓	0	
	05:00 am	0	DBF		N/A							
	06:00 am											
	07:00 am	1	DBF									
Total Intake : taken						**Total Output :** U — M —						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 18 H (F)
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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
18/7	08:00 am											
	09:00 am		DBF+									
	10:00 am		FF									
	11:00 am				NA							
	12:00 pm		DBF+									
	01:00 pm		FF									
Total Intake :								**Total Output :**		U-2	M-0	
18/7	02:00 pm											
	03:00 pm		DBF									
	04:00 pm											
	05:00 pm				NA							
	06:00 pm		DBF									
	07:00 pm											
Total Intake :								**Total Output :** U			M-	
18/7/26	08:00 pm		DBF									
	09:00 pm											
	10:00 pm		DBF									
	11:00 pm				NA							
	12:00 am		DBF									
	01:00 am											
Total Intake :								**Total Output :**				
19/7/26	02:00 am		DBF									
	03:00 am											
	04:00 am		DBF									
	05:00 am				NA							
	06:00 am		DBF									
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

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17-07-2026 0 Y 0 M 0 D 18 H (F)
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
19/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
19/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
19/7/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
20/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 18 H (F)
Dr. DILNAAZ FAROOQUI

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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
20/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0Y0M0D1H (F)
Dr. DILNAAZ FAROOQUI

NURSING CARE RECORD

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: ....17.7.26.....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm | 8pm	→ Assess the baby condition → Monitor the vitals & record → Diet 2nd hrly & bustfeed → maintain IO charts	2pm | 8pm	→ Assessed the baby condition → monitored the vitals & recorded → Diet 2nd hrly & bustfeeding → maintained IO Chart & recorded	Baby is stable	Maintain I/O chart & recorded.	AKWS
Night	8pm to 8am	→ Assess the Condition → Monitor vitals → maintain IO	8pm to 8am	→ Assessed the pt condition → Monitor vitals → Given	Now pt is stable	Re-check	AKWS

Patient Sti

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 18 H (F)
Dr. DILNAAZ FAROOQUI

NURSING CARE RECORD

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 18/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	→Assess the baby condition. →monitore the vitals. →maintain I/o chart. →DBF 2nd hourly give.	8Am to 2pm.	→Assessed the baby condition. →monitored the vitals. →maintained I/o chart. →DBF+ff given 2nd hourly given.	→Baby is stable now.	→Re assessed the vitals	
Afternoon	2pm to 8pm	→Asses the baby condition → Monitor vitals record → Maintain I/o chart → DBF 2nd hrly	2pm to 8pm	→Assessed the baby condition →monitored vitals recorded →maintained I/o chart →DBF 2nd hrly	→ Baby is stable	→ Rechecked vitals	
Night	8pm to 8am	- Assess the patient condition - Monitor the v/s - Maintain the I/o - DBF 2nd hourly	8pm to 8am	- Assess the patient condition - Monitor the v/s - Maintain the I/o - DBF 2nd hourly	- Now baby is stable	- Rechecked the v/s	

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 18 H (F)
Dr. DILNAAZ FAROOQUI

NURSING CARE RECORD

Rainbow® Children's Hospital
it takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 19/7/26

Goals

- ☐ Maintain Airway Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 8PM	→ Assess the Baby condition → Monitor the vitals → maintain I/O chart → DBF+FF every 2nd hrly → CT Dspt → SBR/NBS after 6 PM	8AM to 8PM	→ Assessed Baby condition → monitored the vitals → maintained I/O chart → DBF+FF every 2nd hrly → CT Dspt → SBR/NBS after 6PM	→ Baby is stable now	→ Re-checked vitals & I/O chart	Anusha
Afternoon	2PM 8PM	→ Assess the general Condition of pt. → Monitored vitals → Maintain I/O chart → ~~Advise~~ DBF+FF 2nd hourly	2PM 8PM	→ Appeared the General Condition of pt → Monitored vitals → Maintained I/O chart → DBF+FF Every 2nd hourly Given.	Baby is Stable	Re-appeared vitals	Mounika
Night	8PM 8AM	→ Assess the Baby condition → monitors vitals → maintain I/O chart → DBF every 2nd hourly	8PM 8AM	→ ~~Assessed the~~ Baby condition → monitored vitals recorded → Maintained I/O chart → DBF every 2nd hourly	→ baby is Stable	→ rechecked vitals	Gm

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 1 D
Dr. DILNAAZ FAROOQUI (F)

NURSING CARE RECORD

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 30/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	- Assess the Pt Condition - Monitor vitals - maintain I/O Chart - DBF + FF every 2nd Hourly	8am 2pm	- Assessed Pt Condition - Monitored vitals - maintain I/O Chart - DBF + FF every 2nd Hourly	Pt. is vitals	Re Assessment vitals	
Afternoon							
Night							

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :	17/7	17/7	18/7	18/7
				Time :	8 AM	12 PM	8 AM	8 AM
Mobility	1. **Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	2. **Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. **Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	4. **No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	1. **Bedfast :** Confined to bed	2. **Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. **Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. **All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	4	3	3
Sensory Perception	1. **Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. **Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. **Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. **No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	4	4	4
Moisture Degree to which skin is exposed to moisture	1. **Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. **Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. **Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	4. **Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	1. **Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. **Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. **Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. **No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	4	4	4
Nutritional Usual food intake pattern	1. **Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. **Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. **Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. **Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	4	3	3
				TOTAL SCORE	20	24	26	26
				Evaluator's Name	[illegible]	CHO	[illegible]	[illegible]

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 18 H (F)
Dr. DILNAAZ FAROOQUI

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 18/7	19/7	19/7	19/7/26
					Time : N1	M6	F2	N1
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
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FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
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				TOTAL SCORE	28	29	28	28
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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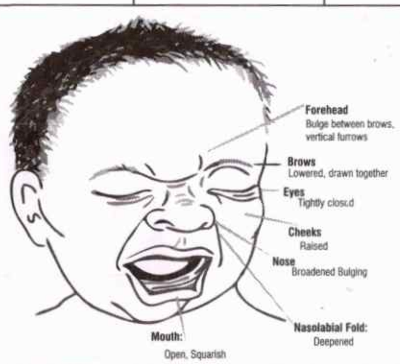
Your Right to a Safe Delivery

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation -2	Sedation -1	Normal 0	Pain / Agitation 1	Pain / Agitation 2	Date: AA / Time: E2	Date: 17/7 / Time: N1	Date: 18/7 / Time: M6	Date: 18/7 / Time: E2	Date: 18/7 / Time: M1	Date: 19/7 / Time: M6	Date: 19/7 / Time: E2	Date: 19/7/20 / Time: N1	Date / Time
					Procedure ➡	0	0	0	0	0	0	0	0	
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0	2	NA	NA	NA	NA	
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0	0	0	NA	NA	NA	NA	
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	NA	NA	NA	NA	
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	2	0	NA	NA	NA	NA	
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	0	NA	NA	NA	NA	
Gestational Age / Corrected Age							NA	NA	NA	37	37w	37+1 week	37 +1 week	
Total Pain / Agitation Score						-	-	-	[signature]	-	-	-	-	
Intervention						-	-	-	-	-	-	-	-	
Effectiveness						-	-	-	-	-	-	-	-	
Signature						[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain/[redacted]
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  • "Deep sedation": goal score of -10 to -5
	  • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  • "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  • Reassess patient per frequency of local pain policy.
		  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis: New Born

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	E2	N1	M2	E2	N1	M2
Medical Condition (Any special condition to be noted):	—	—	—	—	—	—

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	97.1°F	97.9°F	97.1°F	98.5°F	98.3°F	97.8°F
Res:	58bpm	58pm	40bpm	56bpm	52bpm	40bpm
SpO_2:	99%	100%	100%	100%	100%	98%
Pulse:	150bpm	150	140bpm	140bpm	148bpm	140bpm
BP:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NP	—	—	—	—
Post Operative Procedure Special Orders:	NA	NP	—	—	—	—
Handed Over By Name :	dkvilp	Neeli	mahi	Swetha	Sunanda	Anusha
Signature :						
Date:	17/7/26	18/7	18/7	18/7	18/7	19/7/26
Time:	8pm	8AM	8pm	8pm	8pm	8pm
Taken Over By Name :	Neeli	Mahi	Swetha	Sunanda	Anusha	Anusha
Signature :						
Date:	18/7	18/7/26	18/7/26	18/7	19/7/26	19/7/26
Time:	8pm	8AM	8pm	8pm	8pm	8AM

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis:

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

	Area / Shift Time	19/7 M6	19/7/26 E2	19/7/26 N1	20/7/26 M6		
BACKGROUND	Medical Condition (Any special condition to be noted):	—	—	—	—		
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	96.2°F	97.4°F	98.6°F		
	Res:	42b/m	40b/m	30b/m	40b/m		
	SpO_2:	100%	100%	99%	99%		
	Pulse:	142b/m	140b/m	138b/m	140b/m		
	BP:	—	"	—	—		
	Fall Risk Score:	—	—	—	—		
	Pain Score:	"1"	"0"	"0"	"0"		
Recommendations	Safety Needs:	yes	yes	yes	yes		
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—		
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—	—	—		
Post Operative Procedure Special Orders:		—	—	—	—		
Handed Over By Name :		Anusha	Moutusi	Divya	Manisha		
Signature :							
Date:		19/7/26	19/7/26	20/7/26	20/7/26		
Time:		2pm	8PM.	8am	2pm		
Taken Over By Name :		Moutusi		Manisha			
Signature :							
Date:		19/7/26	19/7/26	20/7/26			
Time:		8PM	8pm	8am			

HNH-00016642 IP26-00006873
Baby Of ADABOINA VAISHNAVI
17-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark'[✓] the boxes as applicable)

Baby's Name: Vaishnavi Mother's Name: mrs. Vaishnavi

Date of Birth: 17/7/26 Time of Birth: 1:41PM Gender: ☐ Male ☐ Female

Birth Weight: 2.5 kgs Kgs HC: ..... cm Lenght: ..... cm

Meconium in Liquor: ☐ Yes ☐ No Cried at Birth: ☐ Yes ☐ No

Term / Pre-term / Post-term: .....

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: 'b' positive Baby: .....

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: .....

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery: ☐ Normal ☐ LSCS - Emergency/ Elective ☐ Instrumental ☐ AVD

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 145 /Min RR: 55 /Min BP: ..... SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** ..... (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☐ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☐ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

Skin: ☐ Pink ☐ Meconium Stain ☐ Others, Specify: .....

Nursing Management: (Please strike through If not applicable e.g. Yes / No)

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No
3. Socio History: Siblings Yes / No

All information obtained from ☐ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: D Kavya Signature: ..... Date &Time: 17/7/26